

Vermont Department of Labor

5 Green Mountain Drive P.O. Box 488

Montpelier, VT 05601-0488 http://www.labor.vermont.gov

Telephone: 802-828-4000 Fax: 802-828-4022 TDD: 802-828-4203

Wage Record Magnetic Media Application

Name and address of your organization		
Name	_ (Indicate where the tapes will be returned to)	
Attn:	-	
Street		
City	_ State	Zip Code
Name of contact person regarding this request		
Name	Employer Account Number Federal ID Number	
Telephone		
E-Mail Address	_	
Fax Number	_	
Indicate the Record Format Used (1, 2, 3, or 4)		
1 = 3.5 Floppy or Compact Disc 2 = 80 BYTE	☐ 3 = 275 BYTE	TIB-4
Quarter ending date that data will be submitted on ta	ape	
Estimated volume of Employee wage items per qua	rter.	
PLEASE INDICATE:		
Name, signature and title of person responsible for o	certifying accur	acy of wage reports.
Name (Print or Type)		
Date / Signature		
Title		
Please mail or fax application to: Vermont Department of Labor Attn: Lucile Keene, Magnetic Media Specialist P.O. Box 488 Montpelier, VT 05601-0488.		

Faxed: 802-828-4286, Attention Lucile Keene.